



Incident Report

Print Date/Time: 02/29/2016 15:04
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00003873

Incident Date/Time: 2/27/2016 10:08:44 AM
Location: SR 9 NE / SR 204
LAKE STEVENS WA 98258
Phone Number: (425) 238-9949
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19D1	SS0075-Christensen
19D3	SS0135-Parnell

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	ANGELA					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

02/27/2016 : 10:22:37 sp0287 Narrative: 2YEL PTS 1 GRN

02/27/2016 : 10:17:12 SP0368 Narrative: 19D3 - EVERYONE OUT OF THE VEH, APPEAR FINE, REQ AID CONTINUE FOR MINOR CHILDREN

02/27/2016 : 10:12:30 SP0326 Narrative: DISREGARD WSP** WILL BE LKS

02/27/2016 : 10:11:46 SP0326 Narrative: WSP ADVSD

02/27/2016 : 10:11:30 SP0401 Narrative: ANOTHER RP, WAS WITNESS, ROHR, MELISSA 425 533 8148

02/27/2016 : 10:10:50 SP0326 Narrative: GRY,DRIVER NOT OUT BUT C,NFI

02/27/2016 : 10:10:11 SP0326 Narrative: JEEP CHEROKEE ROLLOVER JUST NO INTERSECTION,UNK INJ



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-3873VICTIM ☐WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Rohr, Melissa</u>		RACE	ETHNICITY	SEX	D.O.B.	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS <u>9917 2nd Pl no</u>				CITY <u>Lake Stevens</u>		STATE <u>WA</u>		ZIP <u>98258</u>		
HOME PHONE		CELL PHONE <u>425-533-8148</u>			WORK PHONE					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT					

STATEMENT:

I was at a stoplight and saw the victim making a left on a green light, onto South Hwy 9. As soon as she made the left her back end swerved and lost control. ~~For~~ I could see her try and correct and spun out of control and slid into the ditch.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: [Signature]DATE SIGNED: 2-27-16OFFICER/NUMBER: Kroh #135DATE SIGNED: 02-27-16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

Page ___ OF ___


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E519567

INTERSTATE <input checked="" type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	16-00003873
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	01	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	02	-	27	-	2016			1012	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR9	BLOCK NO. <input checked="" type="checkbox"/>	700
	MILE POST	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
			S	W	SR 204

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE
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LAST NAME	EDWARD	FIRST NAME	SABRINA	MIDDLE INITIAL	C
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STREET NEW ADDRESS	12412 24TH PL NE APT D
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CITY	LAKE STEVENS	ST	WA	ZIP	982588130
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	EDWARSC220RL	STATE	WA	SEX	F	D.O.B. MMDDYYYY	12	-	13	-	1978
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	SORE/NUMB LEFT ARM
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LICENSE PLATE #	2237890A	STATE	WA	VIN#	1J4GW58S9XC694819
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1999	MAKE	JEEP	MODEL	CHERO	STYLE	2W	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME		FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX		D.O.B. MMDDYYYY		-		-	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	K. PARNELL	BADGE OR ID #	0135	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E519567**CASE # **16-00003873**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		CAPELLE KALANI M																	
ADDRESS & PHONE #												SEX	M	D.O.B. MMDDYYYY	08	-	31	-	2007
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	9	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		JOHNNY RAMOSHES J																	
ADDRESS & PHONE #												SEX	M	D.O.B. MMDDYYYY	05	-	12	-	2009
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	7	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES SORE LEFT SHOULDER	
NAME (LAST, FIRST, MIDDLE INITIAL)		ROHR MELISSA																	
ADDRESS & PHONE # 9917 2ND PL NE LAKE STEVENS WA 98258 4255338148												SEX	F	D.O.B. MMDDYYYY		-		-	
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Veh. was making a left turn from SR 204 to SR 9 after light turned green. Rear end of vehicle lost traction and spun off road. Veh. came to stop in ditch on east side of SR 9 facing southbound. Driver and youngest passenger complained of arm/shoulder pain. All 3 transported by aid to hospital

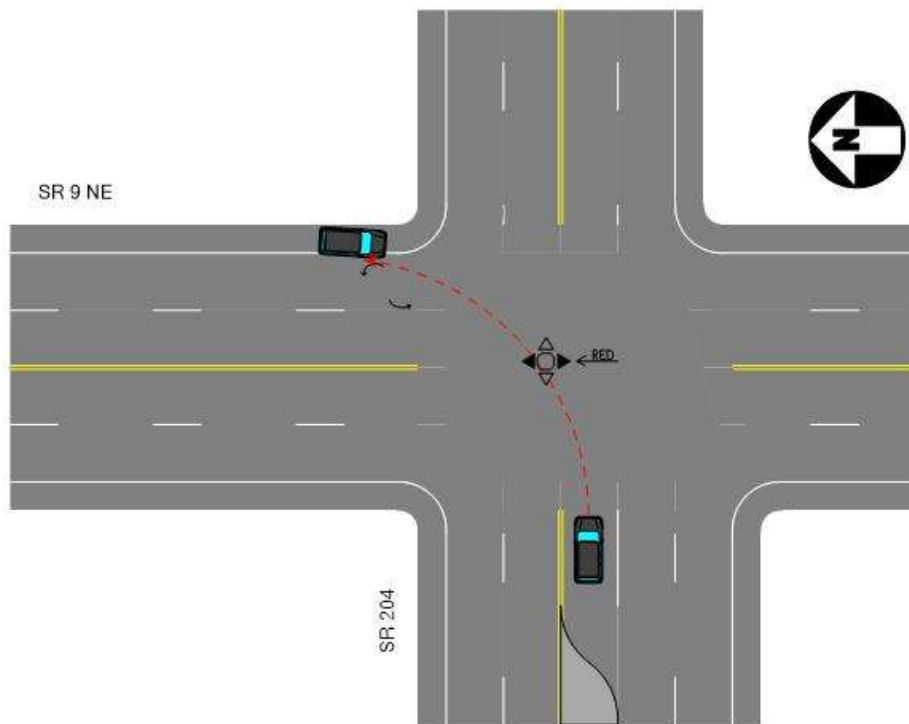
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

K. PARNELL		02-27-16 05:56 PM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLA CE SIGNED
APPROVED BY R. BROOKS 0013		DATE 2/28/2016 2:33:27 PM	
BADGE OR ID #	0135	ORI #	WA0311900
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
10:12 AM		10:15 AM	

REPORT NO. E519567

CASE # 16-00003873

DATE AND TIME
OF COLLISION 02/27/16 10:12



Not drawn to scale